

**LOBBYING REGISTRATION FORM**

To be used for initial registrations and renewals.

861  
Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 11-28-00

1001693

JH 250731  
#1122  
9/2**Instructions**

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Maisal Dawn G  
Last First MI2. BUSINESS PHONE 800/259-3333  
Area Code and Phone Number3. BUSINESS ADDRESS 30 E Kaliste Saloom Lafayette LA 70508  
Street and No. City State ZipMAILING ADDRESS PO Box 98000 Lafayette LA 70509  
Street and No. City State Zip4. EMPLOYER ACADIAN Ambulance Service Inc5. EMPLOYER'S ADDRESS PO Box 98000 Lafayette LA 70509  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name ACADIAN Ambulance Service IncAddress PO Box 98000 Lafayette LA 70509Business or purpose Emergency Medical TransportationDoes this person pay you? yes

If No, who pays you? \_\_\_\_\_

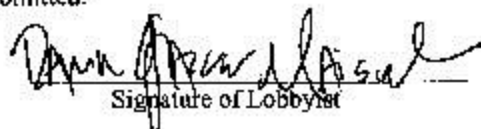
# LOBBYING REGISTRATION FORM

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2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY